

# QUALIFIED ORGANIZATION INFORMATION CHANGE

**PLEASE PRINT OR TYPE IN  
BLUE OR BLACK INK.**

Complete this form and return to the address listed above to change the organization information currently on file with the Michigan Lottery.

|                   |  |                               |                          |
|-------------------|--|-------------------------------|--------------------------|
| Organization Name |  | Telephone Number<br>(       ) | Effective Date of Change |
|                   |  |                               | Organization ID Number   |

## ORGANIZATION LOCATION ADDRESS

|                                       |          |        |  |          |        |
|---------------------------------------|----------|--------|--|----------|--------|
| Current Organization Location Address |          |        | Change organization location address to: |          |        |
| Street Address                        |          |        | Street Address                           |          |        |
| City                                  | ZIP Code | County | City                                     | ZIP Code | County |

## ORGANIZATION MAILING ADDRESS

|                                      |       |          |   |       |          |
|--------------------------------------|-------|----------|---|-------|----------|
| Current Organization Mailing Address |       |          | Change organization mailing address to: |       |          |
| Mailing Address                      |       |          | Mailing Address                         |       |          |
| City                                 | State | ZIP Code | City                                    | State | ZIP Code |

## ADD ORGANIZATION OFFICERS

List the name, title, home address, and telephone numbers of each organization officer to be added.

|       |                       |   |
|-------|-----------------------|---|
| Name  | Street Address        | Telephone Number (Day)<br>(       )     |
| Title | City, State, ZIP Code | Telephone Number (Evening)<br>(       ) |
| Name  | Street Address        | Telephone Number (Day)<br>(       )     |
| Title | City, State, ZIP Code | Telephone Number (Evening)<br>(       ) |
| Name  | Street Address        | Telephone Number (Day)<br>(       )     |
| Title | City, State, ZIP Code | Telephone Number (Evening)<br>(       ) |
| Name  | Street Address        | Telephone Number (Day)<br>(       )     |
| Title | City, State, ZIP Code | Telephone Number (Evening)<br>(       ) |

Attach additional sheets if necessary.

## REMOVE ORGANIZATION OFFICERS

List the name and title of each organization officer to be removed.

|      |       |
|------|-------|
| Name | Title |
| Name | Title |
| Name | Title |

Attach additional sheets if necessary.

|  |            |       |      |
|--|------------|-------|------|
| Signature of Current Principal Officer | Print Name | Title | Date |
|--|------------|-------|------|

**PLEASE MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS**

